



**PATIENT PRESENTING CLINICAL SIGNS**

**Azora Rego** History: Yesterday was not as active as usual when she was picked up from Victor's sisters house, and he noticed her third eyelid on the left side was raised. No concerns when she was picked up, had been normal through the day. Today Victor noticed there was more drool on the left side of her mouth, and when he tried to open her mouth to look she yelped. Once her mouth was open she was ok with him touching in her mouth. BCS: 5/9 MM: pink and moist, CRT: < 2 s, euhydrated EENT: clear OU, mildly elevated third eyelid on the left, both eyes retropulse appropriately, clean AU, nares clear, oral exam unremarkable Thor: no murmur or arrhythmia noted, normal RR/RE, normal bronchovesicular sounds Abd: soft, non-painful; no masses, fluid wave, or organomegaly UG: unremarkable PLN: within normal limits PP: strong, synchronous MSK: Severe pain on palpation of the left temporomandibular joint. No overt swelling of the head. Unable to look in mouth while awake. Integ: haircoat and skin in good condition Rectal: not evaluated Neurological Examination: Mentation: Bright, alert and responsive. Cranial nerve exam: Mildly prolapsed third eyelid on the left. Remainder of cranial nerves within normal limits. Gait/posture: Ambulatory with no ataxia or paresis. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column. Sensation is intact. localization - left jaw

**SPECIES** Canine

**BREED** Boxer

**SEX** Spayed Female

**AGE COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

**2 Years** A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

**INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS**

**Sebastian Schaub, DVM Dr. med. vet. DipECVDI** A supernumerary triadan 102 & 202 is appreciated. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

**HOSPITAL NAME** Toronto AHP The left zygomatic salivary gland is moderately enlarged and has mild feathered margins. Post contrast administration, the left zygomatic gland presents increased contrast enhancing with a fluid attenuating center. The left ocular bulb is deviated dorsally and rostrally by the mass effect. Extending lateroventrally from the left zygomatic gland, a contrast enhancing tract is seen along the rostral aspect of the left masseter muscle. The left masseter muscle is mildly swollen and has a heterogeneous contrast enhancement pattern. A subcutaneous edematous swelling is seen along the left periorbital tissue.

**REFERRING VET** Dr. Alison Little

**INVOICE** Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

23599 Both tympanic bullae contain a moderate amount of gravity dependent, fluid attenuating material. The osseous lining of the tympanic bullae is smooth and thin. The external ear canals are within normal limits.

**DATE**

7/21/23



**PATIENT**

Azora Rego

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

**SPECIES**

Canine

The left mandibular lymph nodes and left medial retropharyngeal lymph nodes are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

Boxer

- Swelling left zygomatic gland with zone of cavitation
- Myositis left masseter muscle
- Lymphadenopathy left mandibular and medial retropharyngeal lymph nodes
- Supernumerary triadan 102 & 202

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

2 Years

The changes of the left zygomatic salivary gland are highly suggestive for sialadenitis with abscess formation or abscess just adjacent to the left zygomatic gland. An underlying cause such as foreign body is not appreciated, however isoattenuating material can be missed by CT. Secondary reactive hyperplasia of the left mandibular and medial retropharyngeal lymph node. Due to the acute onset of clinical signs, the odds for sialocele or neoplastic transformation of the left zygomatic salivary gland are low. Drainage of the abscess including sampling for microbial culture is considered beneficial.

**INTERPRETED BY**

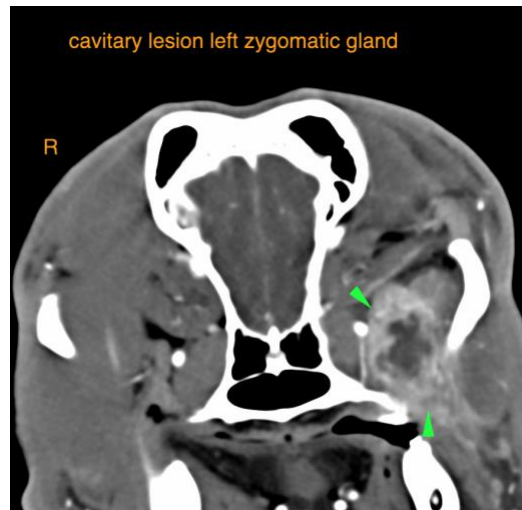
Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Toronto AHP

**REFERRING VET**

Dr. Alison Little



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.



**PATIENT**

Azora Rego **Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

2 Years

**INTERPRETED BY**

Sebastian Schaub,  
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